

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3	1					
4	1					
5	4					
6	4					
7	4					
8	4					
9	4					
10	4					
11	4					
12	4					
13	4					
14	4					
15	4					
16	4					
17	4					
18	4					
19	4					
20	4					
21	1					
22	4					
23	4					
24	1					
25						
26	5					
27	5					
28	5					
29	5					
30	5					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	4					
38	4					
39	4					
40	4					
41	4					
42	4					
43	4					
44	4					
45	4					
46	4					
47	4					
48	1					
49	5					
50	5					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	5					
52	5					
53	5					
54	5					
55	5					
56	5					
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99						
100						
TOTAL IND.	8					
TOTAL DEP.	195					
TOTAL CLAIMS	903					

90
57
50
14